

## ***Money Follows the Person (MFP) Update***

***August 2014***

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### ***General Transition Information***

<b>329</b>	<b><i>Consumers have transitioned out of the ICF/ID or a Nursing facility since September 2008</i></b>
<b>43</b>	<b><i>Consumers transitioned out of an ICF/D and are living in a qualified living arrangement in the community in calendar year 2014</i></b>
<b>13</b>	<b><i>Consumers transitioned out of a nursing facility and are living in a qualified living arrangement in the community in calendar year 2014</i></b>
<b>50</b>	<b><i>Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2013</i></b>
<b>1</b>	<b><i>Consumer transitioned out of a nursing facility and are living in a qualified living arrangement in the community in calendar year 2013</i></b>
<b>49</b>	<b><i>Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2012</i></b>
<b>55</b>	<b><i>Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2011</i></b>
<b>56</b>	<b><i>Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2010.</i></b>
<b>53</b>	<b><i>Consumers have transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2009.</i></b>
<b>9</b>	<b><i>Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2008.</i></b>
<b>50%</b>	<b><i>Percentage of consumers who transitioned less than two months after enrollment. (this data is from the most recent CMS semi-annual report)</i></b>
<b>24%</b>	<b><i>Percentage of consumers who transitioned two to six months after enrollment. (this data is from the most recent CMS semi-annual report)</i></b>
<b>11%</b>	<b><i>Percentage of consumers who transitioned six to twelve months after enrollment. (this data is from the most recent CMS semi-annual report)</i></b>
<b>3%</b>	<b><i>Percentage of consumers who transitioned twelve to eighteen months after enrollment. (this data is from the most recent CMS semi-annual report)</i></b>
<b>3%</b>	<b><i>Percentage of consumers who transition eighteen to twenty-four months after enrollment (this data is from the most recent CMS semi-annual report)</i></b>
<b>11%</b>	<b><i>Percentage of consumers who transitioned 24 months or more. (this data is from the most recent CMS semi-annual report)</i></b>
<b>604</b>	<b><i>Consumers referred since September 2008</i></b>
<b>18</b>	<b><i>Consumers referred from attending the Annual ICF/ID meetings</i></b>
<b>37</b>	<b><i>Referrals from individuals living in nursing facilities</i></b>
<b>8</b>	<b><i>Consumers have transitioned back to Iowa from an out of state</i></b>

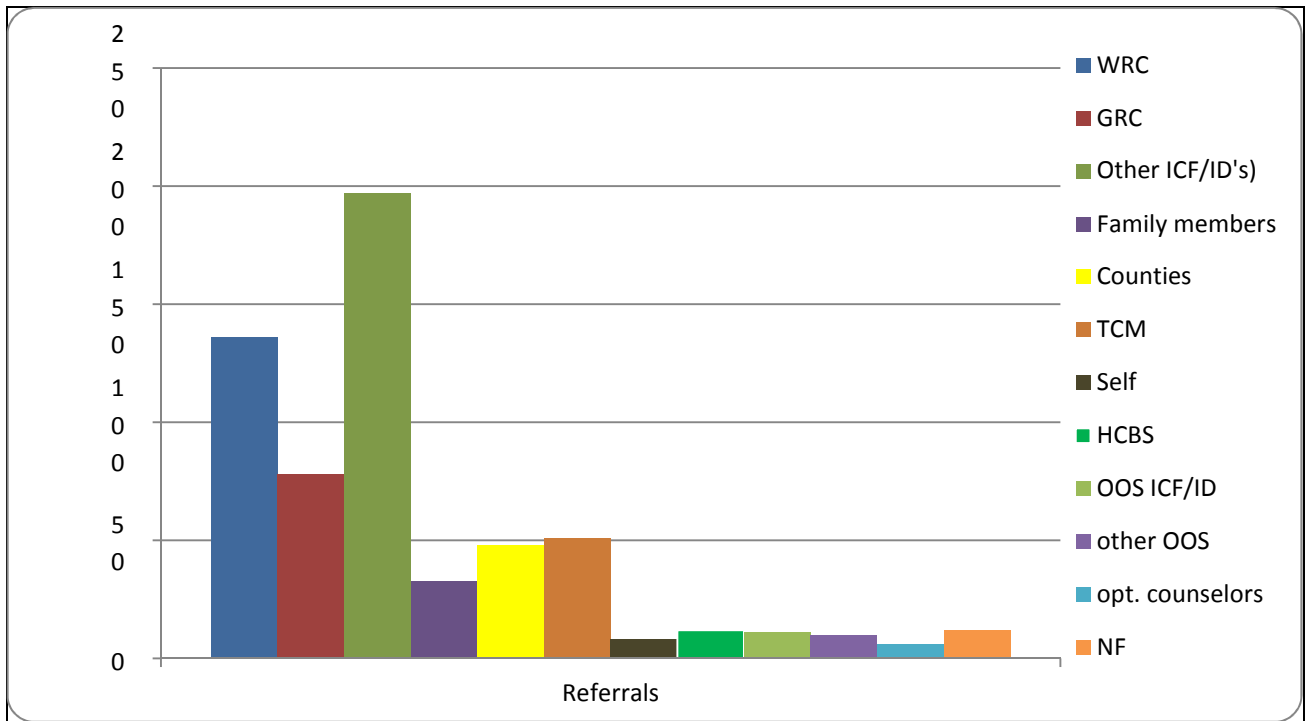
	<b><i>facilities</i></b>
40	<i>Consumers signed informed consent to begin transition planning in calendar year 2014</i>
72	<i>Consumers signed informed consent to begin transition planning in calendar year 2013</i>
59	<i>Consumers signed informed consent to begin transition planning in calendar year 2012</i>
80	<i>Consumers signed informed consent to begin transition planning in calendar year 2011</i>
49	<i>Consumers signed informed consent to begin transition planning in calendar year 2010.</i>
89	<i>Consumers signed informed consent to begin transition planning in calendar year 2009.</i>
46	<i>Consumers signed informed consent to begin transition planning in calendar year 2008.</i>
59	<i>Consumers signed informed consent to begin transition planning but decided not to participate.</i>
2	<i>Consumer signed informed consent to begin transition planning but passed away.</i>
2	<i>Consumer signed informed consent but was determined not eligible.</i>
59	<i>Consumers were referred but did not sign the informed consent and are not interested in participating.</i>
<b>193</b>	<b><i>Consumers are currently active in MFP as of July 31<sup>st</sup> 2014. This includes those who have moved to the community within the past 365 days and those that are in the transition planning phase.</i></b>
<b>212</b>	<b><i>Consumers successfully completed 365 days of MFP services and have transitioned to the Intellectual Disabilities Waiver.</i></b>
29	<i>Consumers have returned to an ICF/ID after transition.</i>
1	<i>Consumer after moving to the community decided to move to an RCF</i>
2	<i>Consumers had to be admitted to a nursing home for rehabilitation.</i>
4	<i>Consumers returned to an ICF/ID and have decided not to participate in MFP</i>
9	<i>Consumers who returned to an ICF/ID/nursing home have transitioned back into the community</i>
14	<i>Consumers have moved home with family</i>

### ***State Fiscal year transition information***

16	<i>Consumers have transitioned from Woodward Resource Center during the fiscal year 2014</i>
4	<i>Consumers have transitioned from Glenwood Resource Center during the fiscal year 2014</i>
57	<i>Consumers have transitioned from private ICF/ID's and Nursing facilities during the fiscal year 2014</i>
8	<i>Consumers have transitioned from Woodward Resource Center during</i>

	<i>the fiscal year 2013</i>
7	<i>Consumers have transitioned from Glenwood Resource Center during the fiscal year 2013</i>
24	<i>Consumers have transitioned from private ICF/ID's during the fiscal year 2013</i>
14	<i>Consumers have transitioned from Woodward Resource Center during fiscal year 2012</i>
13	<i>Consumers have transitioned from Glenwood Resource Center During fiscal year 2012</i>
24	<i>Consumer has transitioned from Private ICF/ID's during this fiscal year 2012</i>
11	<i>Consumers have transitioned from Woodward Resource Center during fiscal year 2011</i>
7	<i>Consumers have transitioned from Glenwood Resource Center during fiscal year 2011</i>
30	<i>Consumers have transitioned from Private ICF/ID's during fiscal year 2011</i>
12	<i>Consumers have transitioned from Woodward Resource Center during fiscal year 2010</i>
16	<i>Consumers have transitioned from Glenwood Resource Center during fiscal year 2010</i>
32	<i>Consumers have transitioned from private ICF/IDs during fiscal year 2010</i>
10	<i>Consumers transitioned from Woodward Resource Center during fiscal year 2009</i>
6	<i>Consumers transitioned from Glenwood Resource Center during fiscal year 2009</i>

### *Referrals received since September 2008*

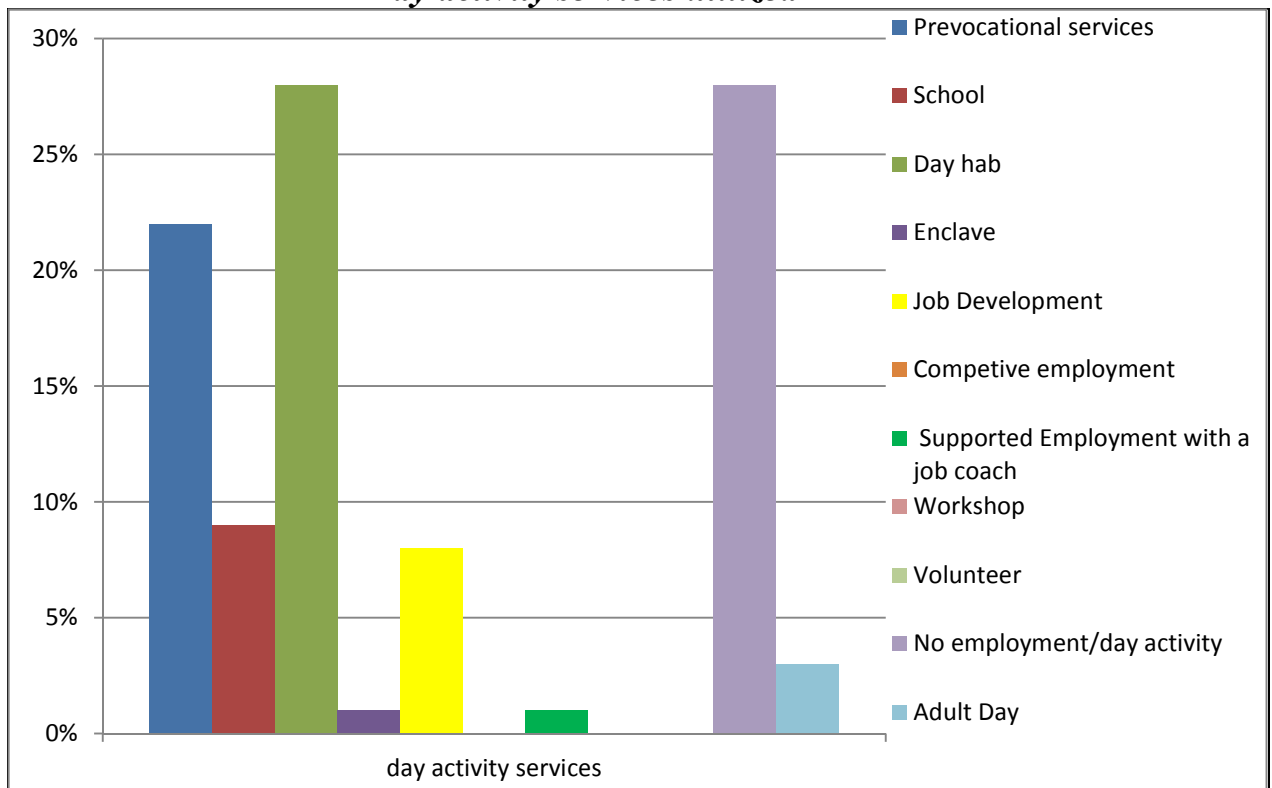


136	<i>Referrals received from Woodward Resource Center</i>
78	<i>Referrals received from Glenwood Resource Center</i>
197	<i>Referrals received from other ICF/ID's providers</i>
13	<i>Referrals received from Nursing facility</i>
11	<i>Referrals received from out-state ICF/ID's providers</i>
10	<i>Referrals received from HCBS providers for residents living out of state</i>
34	<i>Referrals received from family members/guardians</i>
48	<i>Referrals received from consumers county of legal settlement</i>
51	<i>Referrals received from DHS/Targeted Case Manager/service coordinator</i>
6	<i>Referrals received from Options Counselors/ADRC</i>
8	<i>Referrals received as a self-referral</i>
12	<i>Referral received from a community HCBS provider</i>
790	<i>ICF/ID annual meetings attended by Transition Specialists since 2013</i>

### ***Provider enrollment***

<b>186</b>	<b><i>Providers have enrolled to provide MFP services.</i></b>
<b>7</b>	<b><i>Providers have enrolled to provide Mental Health Outreach</i></b>
<b>11</b>	<b><i>Providers have enrolled to provide Nurse Delegation</i></b>
<b>14</b>	<b><i>Providers have enrolled to provide Behavioral Programming</i></b>
<b>4</b>	<b><i>Provider have enrolled to provide Crisis Intervention Services</i></b>

### ***Day activity services utilized***

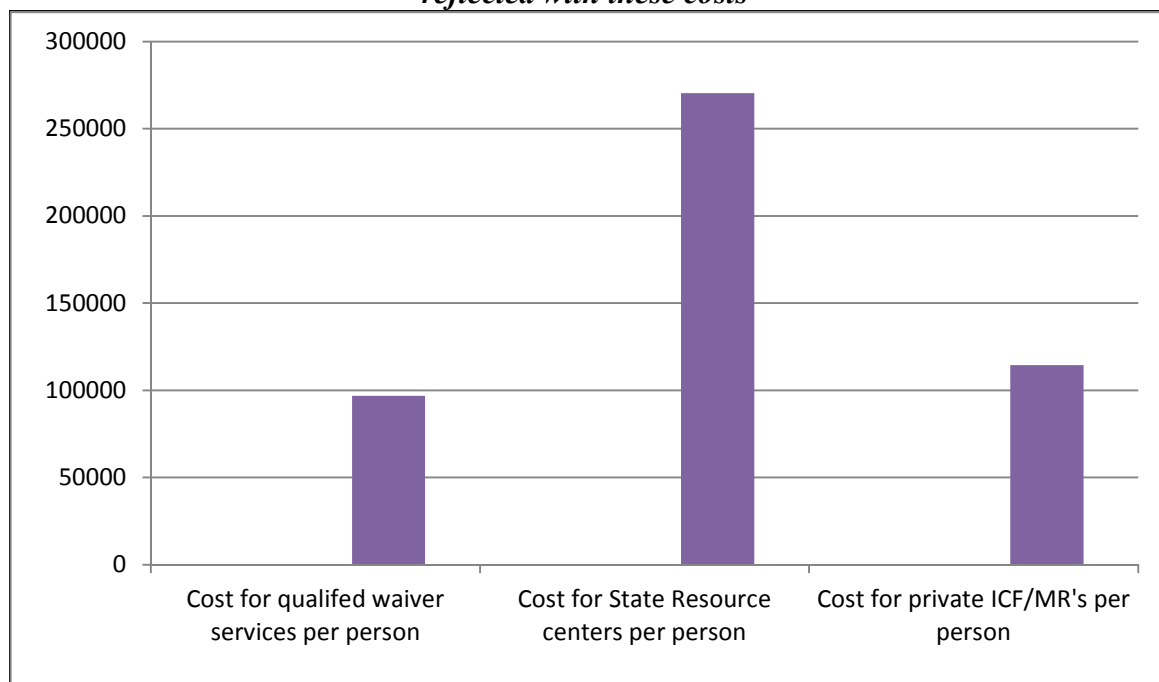


<b>22%</b>	<b><i>Consumers are using pre-vocational services (this only includes current MFP consumers)</i></b>
<b>9%</b>	<b><i>Consumers are in school (this only includes current MFP consumers)</i></b>
<b>28%</b>	<b><i>Consumers are using day habilitation (this only includes current MFP consumers)</i></b>
<b>28%</b>	<b><i>Consumers are currently not in an employment or any day activity service (this only includes current MFP consumers)</i></b>

8%	Consumers are currently using supported employment or IVRS to obtain a job. (this only includes current MFP consumers)
0%	Consumers are competitively employed (this only includes current MFP consumers)
1%	Consumers are using supported employment with a job coach (this only includes current MFP consumers)
3%	Consumers are using adult day services (this only includes current MFP consumers)
1%	Consumers are using enclave services (this only includes current MFP consumers)
0	Consumers are using sheltered workshop funded by the county (this only includes current MFP consumers)
0	Consumers are doing a volunteer job in the community (this only includes current MFP Consumers)

## Cost Information

***Please note that the following cost information is based on paid claims processed through April 2014. There may be outstanding paid claims or adjustments not reflected with these costs***



- ❖ \$102,147 is the average cost per person for all qualified waiver services, permanent services to be added to the waiver, demonstration services and supplemental services received during the 365 days of the MFP period. (Please see the attached chart at the end of this document as to what these services can

- include). This is based on the costs of 190 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
- ❖ \$96,761 is the average cost per person for only the qualified waiver services received during the 365 days of the MFP period. (Please see the attached chart at the end of this document as to what these services can include). This is based on the costs of for 190 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
  - ❖ \$7014 is the average cost per person for all other Medicaid services received during the 365 days of the MFP period (this may include any medical, prescriptions, dental and some mental health services). This is based on the costs of 190 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed
  - ❖ \$270,441 is the average cost per person for the state resource centers ICF/ID services for the year prior to the start date of MFP. This is based on the costs of 95 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. These costs may not include some specialized medical services. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
  - ❖ \$109,596 is the average cost per person for private ICF/ID services for the year prior to the start date of MFP. This is based on the costs of 98 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. These costs may not include some specialized medical services. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
  - ❖ \$1687 is the average cost per person for demonstration purchases such as assistive devices environmental modifications, community provider participation and ICF/ID trial overnights. This is based on the costs for all MFP consumers who received these services.
  - ❖ \$2453 is the average cost per person for supplemental purchases such as initial household set up costs, clothing and durable medical equipment. This is based on costs for all MFP consumers who received these services. Examples of supplemental purchases: Furniture, clothing, rent deposits, kitchen supplies, bathrooms items, lawn mower, cleaning supplies, cell phones, televisions, bath chair, calling cards, basketball hoop, garden supplies, bicycles, weed eaters, pool

- passes, sign language books, weighted blanket and vest, padding for walls and floors, exercise equipment and back up medical supplies.
- ❖ \$227 is the average daily rate cost for Supported Community Living Services with paid claims. The highest daily rate paid to date is \$748; the lowest daily rate paid is \$91.

## *Challenges*

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- ❖ Finding employment options or meaningful daytime activities for the individuals in many communities continues to be challenging. The transition specialists struggle to locate Pre-vocational services for MFP consumers as well as Supported Employment Providers. If a consumer has behavioral incidents in their social history, some providers, even Pre-vocational providers, are unwilling to accept MFP consumer into their programs. The Employment Specialist continues to work on these challenges.
- ❖ The Transition Specialists continue to have some difficulty with recruiting providers in rural or smaller communities that the consumers may want to move to, possibly due to regional funding limitations and reluctance to authorize providers to open new homes.
- ❖ A few providers may be quick to discharge when problems arise. Even if a lot of time was spent by all parties training on the behavioral plan, the plan is not always followed. Discharge policies also are not always in place. If a discharge policy is in place, that doesn't mean there is an alternative living environment for the discharged individual.
- ❖ A few providers may also move too quickly to transition an individual once accepted, not referring a person to MFP early enough for careful planning to take place or taking full advantage of the MFP resources.
- ❖ Emergency situations continue to arise where an ICF/ID provider has given a consumer a 30 day discharge and at that time a referral is made for MFP services. Careful and thoughtful transition planning cannot be done in these emergency situations and the consumers struggle in their new community settings.
- ❖ There has been reluctance from a few of the ICF/ID providers with assistance with the transition planning. This includes helping transport for tours and visits, providing social history information and Psychological evaluations and assistance with obtaining doctor's orders for needed medical equipment.



- ❖ The HCBS Rent Subsidy program is not always available. The Iowa Housing Facility is now accepting applications to establish a waiting list. Twelve MFP participants were able to obtain subsidy.
- ❖ Providers continue to experience high turn-over with staff. Staff originally trained on MFP consumers' behavioral plans may not be the staff that continues to work with the consumer. MFP is able to continue to provide on-going training to new staff but sometimes crisis situations arise before this can happen.
- ❖ We have had a few individuals in need of crisis intervention services including out-of-home crisis placement that may not be immediately available or available at all. This has led to a few hospitalizations for some and a return to the resource center for others.
- ❖ A few guardians continue to refuse to sign an informed consent agreement at this time and begin the transition planning. We continue to receive some referrals from case managers or CPC's who had not contacted the guardian prior to making the referral. The transition specialists continue to provide information about the benefits of participating in MFP and the availability of supports in the community.
- ❖ We continue to have delays (up to 90 days) in changing the payee from the ICF/ID to a new provider. This limits the consumers' access to their SSI for rent and monthly spending money.

## *Opportunities*

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- ❖ As of January 2014, we can now transition individuals living in a Nursing Facility who qualify for either the Intellectual Disability or Brain Injury waiver. We have received 37 referrals to date.
- ❖ As of January 2014, individuals only need to be residing in a facility for 90 days prior to enrollment in MFP. Previously it was six months.
- ❖ MFP has a full-time Behavioral Specialist that can provide Positive Behavioral Supports Training, Nonviolent Intervention Training, both initial and refresher courses, and on-site Consultation/observation and behavioral planning development to MFP providers. Since June 2011, the Behavioral Specialist provided 40 CPI two-day trainings and 2 CPI one-day trainings with 436 individuals attending and 30 Positive Behavioral Support Trainings with 396 individuals attending. In addition, the Behavioral Specialist provided 1901 hours

- of individual consultation to providers on behavioral programming and implementation. This includes support to 12 individuals who had already ended their MFP year. (This data is through May 2014)
- ❖ MFP has a full-time Employment Specialist that will work with the transition consumers, Transition specialists and other members of the transition team, local providers, Vocational Rehabilitation, community businesses and other state partners to increase employment opportunities for MFP consumers and address the systemic employment barriers.
  - ❖ Since 2013, the Transition Specialists have been attending the annual ICF/ID Interdisciplinary Team meetings on behalf of IME. The first Informational Letter (1206) describing this process was distributed January 2013. Second Information Letter (1255) providing additional information was distributed June 2013. To date the Transition Specialists have attended 790 meetings. We have received 18 referrals from attending these meetings. A few providers have now included the MFP program as part of their discharge planning process.
  - ❖ Providers and other stakeholders will also have opportunities for additional training through the Iowa's Technical assistance and Behavioral Supports. (I-TABS). I-TABS provides technical assistance and behavioral supports to stakeholders throughout Iowa who support Iowans who are Medicaid Eligible.
  - ❖ Providers working with MFP consumers and their team members continue to have the opportunity for free access to the College of Direct Support (CDS) web based trainings for their staff. This training is now available through the Iowa Association of Community Providers and is available for all Intellectual Disability providers. Modules include information on autism, teaching new skills to people with developmental disabilities and positive behavior supports. Additional modules and tools are available to help supervisors support their direct care workers. There are 85 providers enrolled in the CDS program. This includes 12,000 active learners who have completed over 200,000 lessons. (This data is through May 2014)
  - ❖ The Department of Human Services and Iowa's Co-occurring Recovery Network (ICORN) have been making progress in the development of integrated systems of care to address the complex needs of people experiencing multi-occurring issues: Over 300 mental health, substance abuse and HCBS providers attended change agent trainings or received individualized technical assistance to help create collaborative networks with welcoming and supportive interventions.
  - ❖ Community ICF/ID providers may request an individual consultation with IME staff to address barriers that impact their ability to increase HCBS services or transition people out of their ICF/ID setting.

## ***SERVICES FOR IOWA'S MFP PROJECT***

<b><i>Qualified HCB Program Services (80.9% match)</i></b>	<b><i>HCB Demonstration Services (80.9% match)</i></b>	<b><i>Supplemental Services (80.9% match)</i></b>
<ul style="list-style-type: none"> <li>• <i>Adult Day Care</i></li> <li>• <i>CDAC*</i></li> <li>• <i>Day Habilitation</i></li> <li>• <i>Consumer Choices Option**</i></li> <li>• <i>Home Health Aide</i></li> <li>• <i>Home/Vehicle Modifications</i></li> <li>• <i>Interim Medical Monitoring†</i></li> <li>• <i>Nursing</i></li> <li>• <i>Personal Emergency Response</i></li> <li>• <i>Prevocational Services</i></li> <li>• <i>Respite</i></li> <li>• <i>Supported Community Living‡</i></li> <li>• <i>Supported Employment</i></li> <li>• <i>Transportation</i></li> </ul> <p><b><i>Permanent Services to be added:</i></b></p> <ul style="list-style-type: none"> <li>• <i>Mental Health Outreach</i></li> <li>• <i>Behavioral Programming</i></li> <li>• <i>Crisis Intervention Services</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Transition Services Coordination</i></li> <li>• <i>ICF/ID staff participation in trial overnights</i></li> <li>• <i>Community provider participation in transition planning and preparation (***)</i></li> <li>• <i>Assistive Technology not covered in ID Waiver (e. g. computers, med. dispensing equipment)</i></li> <li>• <i>Environmental modifications (e.g. for safety)</i></li> <li>• <i>Nurse Delegation</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Initial household set up costs</i></li> <li>• <i>DME °</i></li> <li>• <i>Clothing</i></li> </ul>

*\* Under this option consumers are responsible for finding, hiring, training, directing and firing individuals who enable consumers to do things they are unable to do without assistance because of disability.*

*\*\* Provides consumers with a flexible monthly budget based on functional and service needs, allows consumers to direct and manage their own support services.*

*\*\*\* Includes cost of provider participation in IDT, staff training and support, and HCBS provider staff time during community visit and trial overnight stay in community.*

*† Monitoring and treatment of a medical nature beyond what is normally available in a day care setting for persons age 20 and under. May include medical assessment, monitoring, and intervention as needed. Used when regular caregiver is unavailable due to employment, academic or vocational training, illness or death. May not be duplicative of any regular Medicaid or waiver services provided under the state plan.*

*‡ Assistance with daily living needs. Services may include, but are not limited to: personal and home skills, community skills, personal needs, transportation and treatment services. Services provided vary according to the needs of the individual receiving services but can include 24-hour residential services.*

*° Durable Medical Equipment in excess of coverage provided by waivers, state plan, or otherwise provided by this demonstration project. (e.g. bathroom safety equipment, wheelchair upgrades, back-up supplies)*